



**Iowa Wellness Plan Quarterly Report
1115 Demonstration Waiver
October 1, 2015 – December 31, 2015**

February 2016

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I. EXECUTIVE SUMMARY

The Iowa Health and Wellness Plan (IHAWP) became effective on January 1, 2014, as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs:

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan provides premium assistance for coverage offered by a qualified health plan (QHP) in the Healthcare Marketplace established under the ACA. MPC members receive coverage through a QHP, Coventry Health Care of Iowa (Coventry), or through the IWP.

On September 3, 2015, the state submitted a request to CMS to amend the IWP demonstration. This request proposed to modify eligibility to include MPC members and establish a managed care delivery system for the IWP demonstration under concurrent 1915 (b) authority. In addition, the state requested to retain MPC authorities should the state determine the MPC is a viable option in the future. On December 24, 2015, CMS approved the state's amendment request to allow members previously eligible for the MPC to be eligible for the IWP. CMS also granted the state to temporarily retain the MPC authorities through June 30, 2016, to allow the state time to decide whether the MPC can be renewed in 2017 with participating QHPs.

During fourth quarter 2015, the state continued efforts to implement a statewide Medicaid managed care delivery system under 1915 (b) authority, effective January 1, 2016. In December 2015, CMS officials made a decision to delay implementation and work with the state toward approval of managed care to be effective March 1, 2016, provided the state and MCOs complete essential milestones.

Other major activities during fourth quarter included the following:

- Member education and enrollment activities related to managed care;
- Provider education about managed care and impacts on the IWP;
- Finalization of administrative rule changes for implementation of statewide managed care; and
- Finalization and CMS approval of the IWP amendment request.

Following this letter is a detailed report of key activities and statistics for the fourth quarter, consistent with the STCs. Additional information on the IHAWP can be found at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>. Do not hesitate to contact me at 515-256-4621 or mstier@dhs.state.ia.us, or Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Miki Stier
Director
Iowa Medicaid Enterprise

II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Member Outreach

Member outreach activities for the fourth quarter included an October 2015 mailing which introduced coverage under managed care as the IA Health Link program. Additionally, member education and MCO enrollment events were held throughout the state to explain the transition to managed care. These events took place in 27 cities and covered topics about the IA Health Link program that included an overview of the managed care delivery system, MCO information, and enrollment assistance.

MCO enrollment packets were mailed to members in November 2015 for the original January 1, 2016, start date of the IA Health Link program. The enrollment packets included the members' initial tentative MCO assignment, the MCO enrollment form for alternate MCO selection, and the IA Health Link Managed Care Program handbook. Due to the CMS decision to delay implementation to March 1, 2016, [letters](#) were mailed to members in December 2015 that explained the change in the program's effective date.

During fourth quarter, the state prepared for member education and MCO enrollment events scheduled in January and February of 2016. Additionally, member materials were updated to inform members of new timelines for MCO enrollment and the termination of the managed care contract with WellCare of Iowa. IA Health Link materials and program updates for members can be found at [IA Health Link](#).

2. Provider Outreach

At the end of fourth quarter there were 1,570 primary care providers or patient managers participating with Iowa Medicaid Enterprise (IME). In anticipation of the IA Health Link program beginning January 1, 2016, all Patient Manager Agreements were terminated effective 12/31/15. This information was announced on September 28, 2015, through [Informational Letter 1549](#).

Education:

Throughout fourth quarter of 2015, Provider Services Outreach met with provider associations, Healthcare Financial Management Association and the American Association of Healthcare Administrative Management, to discuss the managed care transition and impacts on the Iowa Health and Wellness Plan population. Other provider education activities during the quarter included the following:

- In October 2015, [Informational Letter 1563-MC](#) was released to announce that contracts were signed with the MCOs to deliver services through the new IA Health Link program.
- In November 2015, a [provider fact sheet](#) was made available to inform Iowa Medicaid providers of the MCO claims process for physical and behavioral health care providers and long term care and Home and Community-Based Services providers. A Universal Provider Enrollment application was also developed to streamline the enrollment process with all four of the selected MCOs, which is helpful in maintaining continuity of care for members. More

information about the Universal Provider Enrollment application may be found in the November 17, 2015, [Informational Letter No.1573-MC](#).

- In December 2015, the IME announced MCO training sessions to all Medicaid providers. MCO representatives also participated in these sessions to inform providers about the IA Health Link program and upcoming changes. Details about this provider training can be found in [Informational Letter 1582-MC](#).
- In December 2015, the state received notification from CMS to change the effective date of the IA Health Link program from January 1, 2016 to March 1, 2016. Details about the implementation delay can be found in [Informational Letter 1594-MC](#).

Accountable Care Organizations:

In November 2015, the state released [Information Letter 1572](#) to announce the termination of all Iowa Medicaid ACO agreements in anticipation of the implementation of the IA Health Link program, effective January 1, 2016. Information about continuing quality performance standards that were established with the ACOs is provided below.

The Round Two State Innovation Model (SIM) Test grant award will allow the state to enhance payment reform efforts in Iowa to align with national initiatives by moving from payment for volume to payment for value. The MCO contracts include the SIM project plan and require each MCO to have at least 40 percent of their covered lives in Value Based Purchasing by 2018. The same quality scoring mechanism, the Value Index Score (VIS), established with the ACOs under the Wellness Plan will be utilized.

The MCO contracts also require MCOs to report covered lives statistics to demonstrate their ability to monitor quality outcomes through the VIS. In addition, the state is developing an MCO scorecard to track quality and total cost of care and links VIS outcomes to an incentive payment starting in 2017.

3. Public Communication

Press Release/Coverage:

- October 2015 – The state formerly announced that contracts were signed with the four MCOs for Medicaid Modernization Initiative: Amerigroup Iowa, Inc., AmeriHealth Caritas Iowa, Inc., UnitedHealthcare Plan of the River Valley, Inc., and WellCare of Iowa, Inc.
- December 2015 – The state announced MCO training summits in four communities and representatives from each MCO would be available for new provider orientation and training.

- December 2015 – CMS announced to delay the implementation of the IA Health Link program from January 1, 2016 to March 1, 2016. As a result, all Medicaid members will be served in a fee-for-service delivery system until the new implementation date becomes effective.
- December 18, 2015 – The contract with WellCare of Iowa was terminated following an appeals process. While further litigation may continue, the state announced that the IME will tentatively reassign members who were either initially assigned to WellCare or selected WellCare during the enrollment process.

Stakeholder Engagement:

During fourth quarter, the IME continued to provide email communications to share updates on the IA Health Link program and other key news items to the Medical Assistance Advisory Council (MAAC) and other stakeholders that subscribe to IME Communications.

4. Legislative Developments

During fourth quarter, a final rules package for the implementation of managed care, pursuant to Senate File 505, section 12(24) was submitted through a formal review process. These rules were approved in January 2016, with an effective date of January 1, 2016.

II. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the fourth quarter, the overall IHAWP population decreased by 5 percent for an ending total of 137,584. The IWP component also decreased over the quarter by 5 percent with an ending total of 103,899.

Effective December 1, 2014, CoOpportunity Health withdrew from the MPC, which resulted in transitioning CoOpportunity Health members to the IWP. Coventry continued to serve MPC members; however, enrollment ceased for new members, including members disenrolled from CoOpportunity Health. At the end of fourth quarter, 17,684 IWP members were enrolled with the HMO (Meridian Health Plan of Iowa) and 42,835 members were assigned to a primary care manager. Due to MPC enrollment limitations, a total of 30,275 MPC members received services through the IWP.

At the end of the fourth quarter, access to managed care was available in 89 of Iowa's 99 under the IWP. IWP enrollment totals by county as of December 30, 2015, can be found at:

http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_December2015.pdf

Monthly enrollment totals for the IHAWP population are shown below.

Plan/Coverage Group	October	November	December
Marketplace Choice	34,049	33,970	33,360
Wellness	109,250	107,767	103,899
Presumptive IHAWP*	500	445	325
Total	143,799	142,182	137,584

*Presumptive IHAWP – Members are defaulted to the Wellness Plan until provider assignments are established.

2. Special Population Groups

The state identifies specific population groups enrolled in the IHAWP to monitor their health care needs in accordance with the STCs. These groups are comprised of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). Below are IWP enrollment totals for these groups during fourth quarter 2015.

Population Group	October	November	December
19-20 Year-old	5,265	5,446	5,376
American Indian/Alaskan Native	1,495	1,483	1,406
Medically Exempt	16,624	16,251	15,444
Total	23,384	23,180	22,226

III. ACCESS/DELIVERY

1. Access to Care Standards

Provider access standards were established to ensure the infrastructure for the IWP is adequate for timely access to care for members. These standards are comprised of similar access standards proven to be effective for the state's Medicaid managed care population, and NCQA standards:

- Ninety-five percent of IWP members will reside in counties that meet timely access standards.
- Ninety percent of IHAWP members either 1) live in a county that has at least one provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

2. Monitoring Access and NCQA Standards

Each quarter the state conducts a provider survey of approximately 60 IWP participating patient managers to monitor access standards. At the end of the fourth quarter, the state combines quarterly survey results from at least 240 patient managers to complete the monitoring process for a calendar year.

At the end of fourth quarter, survey results from 242 patient managers revealed the state met both access and NCQA standards. See Attachment 1 for more information on access standards and survey results.

3. Network Adequacy

See Attachment 2 for maps that show provider access by county for the IHAWP population.

4. Service Delivery

See Attachment 3 for IHAWP wrap payments made to Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics during fourth quarter.

IV. COMPLAINTS/APPEALS

1. Complaints

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During fourth quarter 2015, the IME received a low number of complaints that IME staff were able to resolve during the calls. The following chart provides a summary of complaints.

Complaint Type	October	November	December
Benefits and Services	4	10	1
Access	0	0	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	0	0	0
Premiums and Cost Sharing	0	0	1
Healthy Behaviors	1	0	0
Non-emergency Medical Transportation	0	0	1
EPSDT Services	0	0	0

2. Appeals/Exceptions

During fourth quarter IWP members/providers requested 74 exceptions to Medicaid policy and 21 requests for appeal hearings. See Attachment 4 for more details.

VI. Budget Neutrality/Fiscal Issues

During fourth quarter, the state did not encounter any significant financial issues related to the IWP. See Attachment 5 for the actual number of member months for the IWP as of December 31, 2015.

VII. Other Activities

1. Dental Wellness Plan

During fourth quarter, Delta Dental planned IHAWP related activities that included provider training and education for Dental Wellness Plan (DWP) network providers. DWP updates for providers can be found at [Delta Dental DWP Updates](#). See Attachment 6 for an overview of operations and member benefit information.

2. Premium Monitoring and the Healthy Behaviors Program

In accordance with the STCs, the state is required to monitor premium related data to determine impacts of premiums on IHAWP members with incomes between 50 and 133 percent of the FPL. This information is contained in Attachment 7.

3. Non-Emergency Medical Transportation (NEMT)

The STCs of the original IWP and MPC 1115 demonstrations required the waiver of non-emergency medical transportation (NEMT) to sunset on December 31, 2014, with a possible waiver extension based on evaluation results of the impact on access to care. In September of 2014, the state proposed an amendment to extend the NEMT waiver because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's request to extend the NEMT waiver through July 31, 2015, with additional time to present further data by May 31, 2015.

On May 29, 2015, the state submitted a second amendment with new evaluation results to CMS requesting continuation of the NEMT waiver through December 31, 2016, to maintain the state's original approach to Medicaid expansion within the 1115 demonstrations. On July 31, 2015, CMS approved an extension of the waiver through March 31, 2016, with the expectation that the state complete additional surveys and analyses.

During fourth quarter, the state continued to work with the state's evaluation team, the University of Iowa Public Policy Center, to provide CMS with supplemental analyses to further assess NEMT waiver impacts.

Attachments

1. IWP Provider Access Survey Results
2. IHAWP Network Access Maps
3. IHAWP Wrap Payments
4. IWP Appeals and Exceptions Report
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Report
7. Premium Monitoring Report